

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 22, 2007 8:00 am
Secretary of State

02-13-2007 90056 032 ****50.00

DOCUMENT # L06000051521 1. Entity Name D'LYNN ENTERPRISES, LLC			
Principal Place of Business 1992 PICCADILLY CIRCUS NAPLES FL 34112		Mailing Address 1992 PICCADILLY CIRCUS NAPLES FL 34112	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3806 Exchange Ave Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL	
Zip 34104	Country USA	4. FEI Number 34-2065507 Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent STEWART, DEBORAH A 375 FIFTH AVENUE SOUTH SUITE 100 NAPLES FL 34102	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> 3/2/07 2/2/07 (NOTE: Registered Agent signature is required when renewing)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ROSEMEYER, DENISE 1992 PICCADILLY CIRCUS NAPLES FL 34112	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <i>[Signature]</i> 3/2/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			